

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-D		4-5-60
O.I.P.E. CLASSIFIER			2/10
FORMALITY REVIEW	2	71531	6-2-60
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

12/10/03

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1				61				121				241			
2				62				122				242			
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59				119				179				299			
60				120				180				300			

If more than 100 claims or 10 actions
staple additional sheet here

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